

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

JOSE R. TORRES ESQ
129 PROSPECT STREET
PASSAIC, NJ 07055
(973) 815-0075

Case No.: 21-16793

Chapter: 13

Judge: Vincent F. Papalia

In Re:
Luis Jerez, Debtor (s)

CERTIFICATION OF SERVICE

1. I, Jazlyn Urena :

- represent _____ in this matter.
- am the secretary/paralegal for Jose R. Torres, Esq.: who represents Luis Jerez in this matter.
- am the _____ in this case and am representing myself.

2. On October 28, 2021 I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.

Motion to Reinstate Stay

Other _____

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: 10/28/2021

/s/Jazlyn Urena
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Ally Financial P.O. Box 9001951 Louisville, KY 40290	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)
AR Resources Inc 1777 Sentry Pkwy W Blue Bell, PA 19422	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)
Fay Financial P.O. Box 809441 Chicago, IL 60680	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)
T-mobile PO Box 53410 Bellevue, WA 98015	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Wells Fargo Home Mortgage P.O. Box 10335 Des Moines, IA 50306	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/Return receipt requested <input type="checkbox"/> Other _____ <small>(As authorized by the court or rule. Cite the rule if applicable.)</small>
US Standing Trustee Marie Ann Greenberg 30 Two Bridges Road Suite 330 Fairfield, NJ 07004	U.S Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/Return receipt requested <input type="checkbox"/> Other _____ <small>(As authorized by the court or rule. Cite the rule if applicable.)</small>
		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/Return receipt requested <input type="checkbox"/> Other _____ <small>(As authorized by the court or rule. Cite the rule if applicable.)</small>
		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ <small>(As authorized by the court or rule. Cite the rule if applicable.)</small>